

## Addition of CBT to antidepressants (compared to antidepressants alone) for adolescent depression

Literature review updated August 2014.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [technical documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description:

### Meta-Analysis of Program Effects

Outcomes measured	Primary or secondary participant	No. of effect sizes	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit-cost analysis					
					First time ES is estimated			Second time ES is estimated		
			ES	p-value	ES	SE	Age	ES	SE	Age
Major depressive disorder	Primary	5	-0.135	0.078	-0.135	0.077	16	0.000	0.013	17
Global functioning	Primary	2	0.108	0.060	0.171	0.091	16	0.000	0.016	17
Externalizing behavior symptoms	Primary	2	-0.177	0.091	-0.177	0.105	16	-0.084	0.065	19
Suicidal ideation	Primary	1	-0.074	0.436	-0.074	0.095	16	0.000	0.010	17
Anxiety disorder	Primary	1	0.083	0.767	0.083	0.280	16	0.038	0.133	17
Suicide attempts	Primary	1	-0.087	0.550	-0.087	0.146	16	0.000	0.014	17

### Citations Used in the Meta-Analysis

- Brent, D.A., Emslie, G., Clarke, G., Wagner, K.D., Asarnow, J.R., Keller, M., et al. (2008). Switching to another SSRI or to venlafaxine with or without cognitive behavioral therapy for adolescents with SSRI-resistant depression: The TORDIA randomized controlled trial. *JAMA*, 299(8), 901-913.
- Clarke, G., Debar, L., Lynch, F., Powell, J., Gale, J., O'Connor, E., et al. (2005). A randomized effectiveness trial of brief cognitive-behavioral therapy for depressed adolescents receiving antidepressant medication. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(9), 888-898.
- Goodyer, I., Dubicka, B., Wilkinson, P., Kelvin, R., Roberts, C., Byford, S. et al. (2007). Selective serotonin reuptake inhibitors (SSRIs) and routine specialist care with and without cognitive behaviour therapy in adolescents with major depression: Randomised controlled trial. *British Medical Journal*, 335(7611), 142-146.
- Kennard, B., Silva, S., Vitiello, B., Curry, J., Kratochvil, C., Simons, A., et al. (2006). Remission and residual symptoms after short-term treatment in the Treatment of Adolescents with Depression Study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(12), 1404-1411.
- March, J., Silva, S., Petrycki, S., Curry, J., Wells, K., Fairbank, J., et al. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents With Depression Study (TADS) randomized controlled trial. *JAMA*, 292(7), 807-820.
- Melvin, G.A., Tonge, B.J., King, N.J., Heyne, D., Gordon, M.S., & Klimkeit, E. (2006). A comparison of cognitive-behavioral therapy, sertraline, and their combination for adolescent depression. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(10), 1151-1161.

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